MONTANA FISH, WILDLIFE AND PARKS
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

NAME_____

ADDRESS_____

_____

SOCIAL SECURITY _____ _____ _____

PHONE (   ) _____ _____

CURRENT POSITION WITH FWP _____

DIVISION_____REGION_____ LOCATION _____

1.   Detailed description of work to be performed:

DIVISION_____REGIONAL LOCATION_____PROJECT #_____

DURATION_____START DATE_____END DATE _____

ANTICIPATED WORKING DAYS AND HOURS
_____

SPECIFIC DUTIES TO BE PERFORMED BY VOLUNTEER
_____

_____
Are any of these duties the same as or similar to the duties you perform in your current paid work? _____Yes _____No
If yes describe similarities: _____

2.   The above-described work will not be compensated for monetarily. Except as otherwise provided, I understand this service will not apply to my hours of service as a state employee. Duties performed, as a volunteer will be limited to those described above.
3.   Fish, Wildlife & Parks or the volunteer may cancel this agreement art any time by notifying the other party.
4.   Volunteer agrees to make all official contacts with Fish, Wildlife and Parks through liaison person designated below.
5.   A volunteer does not replace any regular department employee, and in no way does this agreement establish an employer/employee relationship for minimum wage and overtime compensation purposes.

I HEREBY VOLUNTEER MY SERVICES AS DESCRIBED ABOVE TO ASSIST THE MONTANA FISH, WILDLIFE AND PARKS IN IT'S AUTHORIZED WORK.

SIGNITURE _____DATE _____

PARENT OR GUARDIAN (if under 18)_____

ACCEPTANCE FOR MONTANA Fish, Wildlife and Parks

MONTANA FISH, WILDLIFE AND PARKS AGREES WHILE THIS AGREEMENT IS IN EFFECT TO:
1.   Finance volunteer's incidental expenses; to the extent funds are available.
2.   Pay premiums to the Workers' Compensation Division to assure that volunteer is covered under Workers' Compensation for any work injuries.
3.   Consider volunteer as a state employee for the purpose of coverage under the Montana State Tort Claims Act (2-9-101 et seq MCA) during all time volunteer is performing work authorized by the Department.
4.   Authorize properly licensed volunteer to operate Department motor vehicles when necessary for the performance of the work described in this agreement.

5.   PLEASE PRINT; _____ Will serve as liaison for the Department under this agreement.
Liaison Signiture_____Contact Phone #_____

REGIONAL SUPERVISOR_____ DATE _____

Indicate appropriate quarters to be worked: (1/1 - 3/31)   (4/1 – 6/30)   (7/1 – 9/30)   (10/1 – 12/ 31)